

<b>NEW CLIENT HISTORY FORM - Large Animal</b>			Date:		
Owner Name:					
Address:					
Home Phone:			Cell Phone:		
Email:					
Horses Name:			DOB or Age:		
Gender:      MALE      FEMALE		Spayed/Gelded:      YES      NO			
Breeds:			Color:		
Height:					
<b>BOARDING/TRAINING FACILITY:</b>					
Facility/Farm Name:			Trainer Name:		
Address:					
Board Type: INSIDE/STALL OUTSIDE/PASTURE			Does your horse go out to pasture alone?    YES    NO		
<b>YOURS HORSES CURRENT CONDITION:</b>					
Primary complaint:					
How did the problem begin:					
Does your pet seem painful?    YES    NO		Is the pain:    CONSTANT    FREQUENT    OCCASIONALLY			
Do you feel the problem is:      Getting better      Not changing      Getting worse					
Has your pet had a condition like this in the past? YES NO			Does the current episode seem: SIMILAR or DIFFERENT		
Past treatments for this condition:					
Have you seen anyone else for this complaint? YES NO			What treatment did you receive?		
<b>REVIEW OF SYSTEMS:</b>					
Does your pet have problems with any of the following?			When are signs the worst?		
Bending right or left	YES	NO	Morning	YES	NO
Lifting legs	YES	NO	Late in the day	YES	NO
Saddling	YES	NO	During activity	YES	NO
Tightening girth/cinch	YES	NO	After activity	YES	NO
Laying down/getting up	YES	NO	After rest	YES	NO
Digestion/elimination	YES	NO	Same all the time	YES	NO
Does your pet have problems with any of the following?			If yes, please explain:		
Walking	YES	NO			
Trotting	YES	NO			
Canter/lope	YES	NO			
Galloping	YES	NO			
Backing up	YES	NO			
Circling	YES	NO			
Gaited horse specialty gate	YES	NO			
<b>GENERAL HISTORY:</b>					
Diet type:			Amount fed daily:		
Typical daily activities:					
What type of work do they do:			How often:		
Current Medications:					
Current dietary supplements, vitamins, herbal therapies:					
Other medical history:					
Past Injections:    YES    NO		Side:    RIGHT    LEFT    BOTH		Where:    HOCKS    STIFLES    OTHER	
Does your pet have a past history of cancer? Injuries?					
MISC:					

**NEW CLIENT CONSENT FORM**  
**CHIROPRACTIC EXAMINATION AND TREATMENT CONSENT FORM &**  
**CLIENT VERIFICATION OF CONCURRENT TRADITIONAL VETERINARY CARE**

I, owner of the animal described below, and being 18 years of age or older, do understand, substantiate and authorize the following:

1. Dr. Jessica Dredske is a Doctor of Chiropractic. She has attended 226+ hours of post graduate education specific to veterinary spinal manipulation and is a member of the College of Animal Chiropractors.
2. Dr. Jessica Dredske is NOT a Veterinarian and cannot take responsibility for the primary care of my animal.
3. Chiropractic care is NOT intended to replace traditional veterinary care, but is considered a 'Complimentary Therapy' to be used concurrently and in conjunction with my veterinarians care and recommendations.
4. I understand that there is minimal research supporting the clinical efficacy of animal chiropractic and that some aspects of my animals care may be used in future data.
5. Dr. Jessica Dredske has explained to me the scope of her care and described the procedures she will perform on my animal. I understand those procedures and acknowledge that they agree with the American Veterinary Medical Association's (AVMA) description of veterinary spinal manipulative therapy or animal chiropractic:

*'Veterinary Chiropractic is the examination, diagnosis and treatment of non-human animals through manipulation and adjustments of specific joints. The term 'Veterinary Chiropractic' should not be interpreted to include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care. While sufficient research exists documenting efficacy of chiropractic in humans, research in veterinary chiropractic is limited. Sufficient clinical and anecdotal evidence exists to indicate veterinary chiropractic can be beneficial. It is recommended that further research be conducted in veterinary chiropractic to evaluate efficacy, indications and limitations. The assurance of education in veterinary chiropractic is central to the ability of the veterinary profession to provide this service. Veterinary chiropractic should be performed by licensed veterinarians; however, at this time, some areas of the country do not have adequate supply of veterinarians educated in veterinary chiropractic. Therefore, it is recommended that, where the states practice acts permit, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, or referral by, a licensed veterinarian who is providing concurrent care'.*

6. Dr. Jessica Dredske has explained the risks involved with the animal chiropractic care to my satisfaction, and I realize that there can be no guarantee as to the nature of my animal's condition or outcome of any procedure.

I hereby authorize Dr. Jessica Dredske, DC, CVSMT to treat my animal with veterinary spinal manipulative treatment – animal chiropractic care. I certify that my animal has had routine, traditional veterinary care.

My current veterinarian is:

**Vet Clinic/Hospital:** \_\_\_\_\_

**Veterinarian (if your pet sees a specific doctor):** \_\_\_\_\_

I certify that I have been open and honest with Dr. Jessica Dredske as to any and all other examinations, diagnostic tests, diagnoses and treatments for my animals conditions. I have read this authorization form, understand it, and give my consent to treatment.

**Patient (animal) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\_\_\_\_\_ Initial to consent for your pets picture and story to be shared on social media.